

## INSTRUCTIONS FOR PREPARING BIAS CRIME INCIDENT REPORT

### GENERAL

This report is separate from, and in addition to, the routine Summary UCR submission. Crimes are to be reported on this form when they have been determined to have actually occurred and are *bias-motivated*, regardless of whether arrests have taken place. Refer to the Data Collection Guidelines for additional information, clarification, and explanation. Detailed federal collection guidelines, applicable to this Report, can be found on the Internet at (ICRC web page) and [www.fbi.gov/uce.htm](http://www.fbi.gov/uce.htm)

### BIAS CRIME INCIDENT REPORT: contents

1. Per IC 10-13-3-38 and 28 USC 534, each law enforcement agency shall collect information concerning bias-related incidents *that are crimes*. At least two times each year, a law enforcement agency shall submit information collected to the Indiana Central Repository for criminal history.
2. The Incident Report should identify
  - [a] the agency
  - [b] the agency ORI
  - [c] the date of the incident (if known)
  - [d] the city of incident
  - [e] the county of incident
3. Provide an identifying incident number, which preferably will be your "case" of "file" number.
4. The report should indicate if, in the opinion of the reporting individual and/ or data collectors
  - [a] bias was the primary motivation for the crime
  - [b] only incidental to the crime
5. The Incident Report should be used as
  - [a] an initial report of a bias-related crimeor
  - [b] to supplement information in a previously reported crime
6. Indicate the number of offenders, if known, or indicate that the number of offenders is unknown.
7. Indicate the suspected offender's race, if known. If there was more than one offender, provide the race of the group as a whole.
8. Indicate codes for all offenses within the incident determined to be bias-related. In multiple offense incidents, report only those offenses determined to be bias-related
9. Indicate the victim type for each offense identified within the bias-related incident.
10. Indicate the most appropriate location for each bias-related offense.
11. Identify if the report is based on
  - [a] an alleged crime where no charges have been filed
  - [b] charged crime with no convictions
  - [c] charged crime for which a conviction has been obtained
12. Indicate the bias motivation for each bias-related incident.
13. Indicate the number of victims for each offense.
14. (optional) Include on separate paper any additional comments/information you feel will add clarity to the report.



Please submit one report per incident to:

Indiana State Police, 100 N. Senate Avenue, N 302, Indianapolis, IN 46204-2259

Requesting Agency: \_\_\_\_\_

Reporting Agency ORI: \_\_\_\_\_ Case/ Incident # \_\_\_\_\_

Date of Incident(if known): \_\_\_\_\_ Date of Report: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

If there were no bias crimes in this reporting period, please check this box: ☐

In the opinion of the reporting individual and/ or the data collectors, was the bias:

01 ☐ The primary motivation for the crime      02 ☐ Only incidental to the crime

Comments:

Comments:

Date of Incident      /      /

Month      Day      Year

Page  of  of Same Incident

01 Murder	07 Motor Vehicle Theft
02 Forcible Rape	08 Arson
03 Robbery	09 Simple Assault
04 Aggravated Assault	10 Intimidation
05 Burglary	11 Destruction/Damage/Vandalism
06 Larceny- Theft	

#2

#3

#4

#5

#6

<b>Racial</b>		<b>Religious</b>		<b>Disability</b>	
11	<input type="checkbox"/> Anti- White	21	<input type="checkbox"/> Anti- Jewish	51	<input type="checkbox"/> Anti-Physical Disability
12	<input type="checkbox"/> Anti- Black	22	<input type="checkbox"/> Anti- Catholic Motivation In	52	<input type="checkbox"/> Anti-Mental Disability
13	<input type="checkbox"/> Anti-American Indian/ Alaskan Native	23	<input type="checkbox"/> Anti-Protestant Comment Field		
14	<input type="checkbox"/> Anti- Asian/ Pacific Islander	24	<input type="checkbox"/> Anti Islamic(Moslem)		
15	<input type="checkbox"/> Anti- Multi- Racial- Group	25	<input type="checkbox"/> Anti- Other Religion		
		26	<input type="checkbox"/> Anti- Multi-Religious Group Disability		
		27	<input type="checkbox"/> Anti- Atheism/ Agnosticism		
<b>Ethnicity/ National Origin</b>		<b>Sexual</b>			
32	<input type="checkbox"/> Anti-Hispanic	41	<input type="checkbox"/> Anti- Male Homosexual		
33	<input type="checkbox"/> Anti-Other Ethnicity/ National Origin	42	<input type="checkbox"/> Anti Female Homosexual(Lesbian)		
	Specify _____	43	<input type="checkbox"/> Anti- Homosexual (Gay& Lesbian)		
		44	<input type="checkbox"/> Anti-Heterosexual		
		45	<input type="checkbox"/> Anti-Bisexual		

[illegible]

1 ☐ White      3 ☐ American Indian/ Alaskan Native      5 ☐ Multi- Racial Group  
2 ☐ Black      4 ☐ Asian/ Pacific Islander      6 ☐ Unknown